

REGISTRATION FORM (for FALL & SPRING Semesters Only)

Semester (check one)

Student Name _____

Fall ____ Spring ____ Year _____

LAST FIRST MIDDLE

A=Audit C=CPC R=Repeat	M W Time	SUBJ/CRSE #	CRN	CREDIT HOURS	A=Audit C=CPC R=Repeat	T R Time	SUBJ/CRSE#	CRN	CREDIT HOURS
	8:00-9:15					8:00-9:15			
	9:30-10:45					9:30-10:45			
	11:00-12:15					11:00-12:15			
	1:00-2:15					1:00-2:15			
	2:30-3:45					2:30-3:45			
	4:00-5:15					4:00-5:15			
					A=Audit C=CPC R=Repeat	EVE/SAT ONLINE Time	SUBJ/CRSE #	CRN	CREDIT HOURS
A=Audit C=CPC R=Repeat	FRIDAY Time	SUBJ/CRSE #	CRN	CREDIT HOURS		M			
	8:00-10:45					T			
	11:00-1:45					W			
	2:00-4:45					R			
						S			

ADVISEMENT NOTICE FOR ALL STUDENTS:

Final responsibility for selection, scheduling, and satisfactorily completing curriculum requirements for any degree rests with the student. The student also has the responsibility of insuring that all courses will meet graduation and/or transferability requirements.